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HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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STATE OF HAWAII
 STATE ETHICS COMMISSION

Amended Form

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Rosati	Kelly	M	441-5946
MAILING ADDRESS (Street)			FAX
6301 Pali Highway			230-2102
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744-5224	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Catholic Conference <i>Roman Catholic Church of Hawaii</i>			441-5946
MAILING ADDRESS (Street)			FAX
6301 Pali Highway			230-2102
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744-5224	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kelly Rosati			230-2100
MAILING ADDRESS (Street)			FAX
6301 Pali Highway			230-2102
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (Indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

Judiciary
Issues**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Signature Block Kelly M Rosato

(Signature of Lobbyist)

1/4/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Walter Yoshimitsu

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Roman Catholic Church441-5948

MAILING ADDRESS (Street)

FAX

6301 Pali Highway261-7022

(City)

(State)

(Zip Code)

KaneoheHI96744

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.

Signature Block [Signature]

(Signature of Authorizing Officer or Person Represented)

01/05/05

(Date)